



Missouri Pharmacy Program – Preferred Drug List



Bone Deossification Suppression Agents

Effective 11/01/2004

Revised 01/04/2006

Preferred Agents

- Fosamax®
- Actonel®
- Miacalcin®
- Fosamax Plus D

Non-Preferred Agents

- Boniva®
- Didronel®
- Actonel® with Calcium
- Fortical

<u>Approval Criteria</u>	<u>Denial Criteria</u>
<ul style="list-style-type: none">• Failure to achieve desired therapeutic outcomes with trial on 2 or more preferred agents°Documented trial period for preferred agents°Documented ADE/ADR to preferred agents	<ul style="list-style-type: none">• Lack of adequate trial on required preferred agents• Therapy will be denied if no approval criteria are met
<ul style="list-style-type: none">• Documented compliance on current therapy regimen	Drug Prior Authorization Hotline: (800) 392-8030.